



JAN 2 6 2010

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name // // / / / / / / / / / / / / / / / /			Office:	-
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South ChiNA	_04	358	445 4067	
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PART 1. INCOMI	E DERIVE	D FROM EMPLOYMENT BY AND	THER	padida 6
List the name and address of each employer from economic activity of each employer.	m whom yo	u received compensation of \$1,000 o	more. Specify the prin	cipal type of
Name of Employer		Address	Principal Type of E Activity of Emp	
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PART 2. INC	OME DER	RIVED FROM SELF-EMPLOYMEN		
	A CONTRACTOR OF THE PROPERTY OF THE PERSON O	rs who are self-employed.)		
A. List the name and address of your business, i associated with a partnership, firm, professional a entity.	f any, and li association,	ist the major areas of economic activit or similar business entity, list the maj	y from which you derived or areas of economic ac	d income. If tivity of that
	ang a marang manang taganang na ang maganagan Taganang manang manang na ang manang man Taganang manang man	Major Areas of Economic Activity	Major Areas of Ed Activity	conomic
Name and Address of Business Entity		(self)	(partnership, association	on or similar
			business enti	ty)
Name:		All All Angles and an angles and an angles and an angle an angle and a	D - P - P - State Annual VIII	
Address:			To the formal to the state of t	
Name:	idaaaladaaadan oo aa			one-region for excitation designs and the design of the color of the fill of the color of the co
Address:		-	Military Common American	
- Maricoo.			A Company of the Comp	

PART 2 (continued). INCOME DERIVED F (For Legislators who are self-e		NENT
B. List each source of income derived from self-employment that represents m greater, and specify the principal type of economic activity of the entity or pedisclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	nore than 10% of your groerson from whom you de	rived such income. If this form of pal type of economic activity of the
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	skeeskuntara	
Address:	and the second s	. Production and Production Co-than And Anni Valour Production Production Co-than Co-t
Name:	ilit คากกระบบเครื่อ	
Address:		
PART 3. MAJOR AREAS OF (For Legislators who are attorneys		
List your major areas of practice. If associated with a law firm, list the major are		1.
Name and Address of Firm	Major Areas of Pract (self)	ice Major Areas of Practice (firm)
Name:		
Address:		
Name:		
Address:		
PART 4. OTHER SOURCES	QE INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this		s. If none, check the box.
		NATAINISKUNNOSISSI ASISTIVAANSILVUSSISSISSISSA SIIVAANNAL PROAMMALVARISKA SIA SI SISONMISSIS MORELUS INNOMISSIS
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: DEFAS (US Army Ret) Address: INDIANAPOLIS, INCLAMA 46249-7		Retirement
Address: INDIANAPOLIS, INCLANA 46249-1	2621	
Name:	As unbilify to have	
Address:	i had v	
PART 5. REPORTABLE LI	ARII ITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that y		eporting period, and list the major
areas of economic activity of each creditor. Do not list credit card liability or load	ns from a relative. If none	e, check the box.
V None	valitätävät valamatuu kuiteita kaitaan taisetta vaita tuutuuta tuotaa tuotaa tai taitaa tai taitaa tai vaata jooda tä	Principal Trace of C
Name and Address of Creditor	en de la companya de	Principal Type of Economic Activity of Creditor
Name:	Progressia	
Address:	nakkinnanik	
Name:		
Address:	Maddistable	

PART 6	. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Including, check the box.	lude gifts with an aggregate	value of more than \$300 from a single source.
☐ None	том и том том том от том достойнования на надлежно выдененной выполнений выполнений выполнений выполнений выпол	
Name of Source of Gift 1.	3.	Name of Source of Gift
2.	tima numerina ana atamanda ya manga ang ang ang ang ang ang ang ang ang	and the second and th
DADT 7 D	EPORTABLE HONORAR	
List the source of any honoraria accepted for appearances or		
D None	tit tali maan tit tii tiin tamise tii maa ee ee noomaa tamise aa aanta kaa mada aa aanaan ee stoomaa garaan qataa taafaga	
Name of Source of Honoraria	ifo kan international serge of a soliding had been an arrival of a solid measure and a solid political political papers in the solid measure and a solid political papers in the solid papers in the	Name of Source of Honoraria
	3.	
2.	4.	
	TATION BEFORE STATE	
List each executive branch agency before which you repres- box/	ented or assisted others for	compensation of any amount. If none, check the
None	magaanii saasaaaaaaaaaaaaa ka ka ka ka ka ka ka ka ka	
Name of Agency		Name of Agency
1.		
2.	4 .	
PART 9. BUSIN	IESS WITH STATE AGEI	NCIES
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your immediate family	sold goods or services with a value in excess
None	mente suurret et stattette konnet song sõuses till sille vanned en song de perende alle state sille välise de t	
	makemakan kentuhan kiri sengan sengan an untukan mungat perganjukan mengan peluluh kentuhan berbahan bebahan b	Name of Agency
1.	3.	
2.	4.	
DADE AS WASHINGTON DESCRIPTION	i	
PART 10. INCOME RECEIV		
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	of income represented. If	
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Income
Name:	1.	Spouse or 1.
Job Title:	2. 3.	Domestic 2. Partner 3.
	45550000000000000000000000000000000000	Dependent Child
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic	Дорожня поставления и стительность поставления поставления поставления поставления поставления поставления пост	Dependent
activity and the kind of income.		Child
		Dependent Child

was compensated. If a family member listed, indicate your None		ocumentum purpoper H H Nicola H H H H H H H H H H H H H H H H H H H	ACCIONISTA MARIA PROPERTO DE CONTRA DE C	
Organization/Business	Title	Position Held	Family Member's	Compen-
and Address	MARIA, LA COLON MARINE AND MARINE	By:	Name	sated?
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	SIGNATURE			
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Signature		26 JAM	/	
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PART 11. OFFICER OR DIRECTOR POSITIONS